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Bib Data Sheet

CONFIRMATION NO. 3739

SERIAL NUMBER 10/766,480	FILING DATE 01/29/2004 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 2003_1478A
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

NONE
NONE *ADU*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ADU</i>				

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TITLE

Neuroprotective dietary supplement

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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